



## SHOP AND FIELD INSPECTION REPORT

Name					
Billing Address					
Site Location					
Person Contacted		Phone number		Purchase Order No.	
Date		Signed		Commission	
<input type="checkbox"/> Shop Inspection	<input type="checkbox"/> Field Inspection	<input type="checkbox"/> Other	<input type="checkbox"/> ASME Joint Review	<input type="checkbox"/> Shop Review	
<input type="checkbox"/> Manual Review	<input type="checkbox"/> R Stamp Review		<input type="checkbox"/> Rpt Writing		
Type of Inspection <input type="checkbox"/> Preliminary <input type="checkbox"/> Final					
Description of Work					
Serial Number/ N.B. Number/ State Number					
Inspection Time		Hours at		Per Hour	
Travel Time		Hours at		Per Hour	
Mileage		Type .345 in box to the right			
Transportation Charge					
Subsistence					
Other					
<b>TOTAL</b>					